MEDICAL SUPPLEMENT.

(This Supplement is entirely conducted by Medical Men, the Editor of THE NATION *taking no part in the discussion.)*

THE SUPREME VALUE OF "RECOGNITION."

(FROM A MEDICAL CORRESPONDENT.)

In all industrial disputes the labor leader knows that the first essential for success is combination amongst the workers, and that the second is the recognition of the workers' union by the employers.

In the medical profession combination has been so hard to secure and so long of attainment that there is no fear of medical men failing to appreciate its vital importance now that they have at length obtained it. The egg of professional union was laid early in the nineteenth century, when the British Medical Association was first formed; it was not hatched out until the reconstitution of the Association at the beginning of the twentieth century, and the result has now, in connection with the Insurance Act, the first opportunity of displaying its adult powers. The success the Professional Union now achieves will depend upon the statesmanship of its leaders in a grave crisis, and especially upon their appreciation of the extent and limitations of the force of combination. The ease with which the British Medical Association fell into its natural position as the representative body of the profession, and became "recognised" at once as such by the Government in all matters connected with the Insurance Act, has in it an element of danger. A recognition so easily obtained may not be rated at its true value. The danger of its loss may not be properly realised. General practitioners may fail to appreciate the difference it would make to them if the Government adopted the autocratic attitude of refusing to discuss matters with their accredited representatives on the Association, or professed to regard as such the Presidents of the Royal Colleges or the medical advisers to the various Government departments. The possession by the profession of an organisation with a democratic constitution, to which has been accorded official recognition by the Government, is an asset of great value which will be appreciated long after the difficulties in regard to the Insurance Act have been forgotten. Whenever it is understood that the power of union is to be used for constructive and not merely destructive purposes, the necessity of recognition, in addition to combination, becomes obvious. Recognition is the channel through which alone the constructive power of union can be directed. By united force an enemy may be destroyed, but it is only by a recognition of an enemy's government that any satisfactory negotiations can be conducted or any permanent treaty concluded. It will be well for the profession that the British Medical Association should take the first opportunity of resuming its rightful position as the representative body of the profession, recognised by the profession and by the Government as the proper channel for negotiations in all medical matters. By the maintenance of a policy of "no negotiations," the Association may drive the Government to deal directly with individual practitioners, and to ignore the only representative organisation capable of speaking on behalf of the profession as a whole.

While all should work to maintain the continuance of the recognition of the Association as the central representative body of the profession, no risk should be run of sacrificing the local recognition of the profession in each insurance area obtainable under the Act. Orthodox trade unionists in the Labor Party have expressed amazement at the extent of the statutory recognition accorded to medical professional unionists by the provisions of the Insurance Act. Medical men, on the other hand, unfamiliar with the fierce struggles in the past for even voluntary recognition, have regarded themselves as inadequately represented. The possibility of the wholesale suspension of medical benefit and consequent withdrawal of all local recognition should lead to a clearer consideration of the position. What would not any trade union give for such local recognition as is accorded the profession under the Act? Would the Amalgamated Society of Railway Servants doubt the power of their society to secure fair terms for their members if they were placed in a similar position? In every district where a committee representative of the profession can be formed, it must be recognised by the Commissioners. Such local medical committee must be consulted in all medical matters by the Insurance Committee. Two of its members must be given seats upon the Local Insurance Committee. Such recognition as this any experienced trade unionist would say is not to be lightly thrown away. True, it is not worth anything without the power of combination behind it. With any real power of combination, it is ample for all practical purposes. No power of combination can be constructively effective without recognition; no greater recognition than here accorded would increase the power of combination. With such recognition, the limitation of the power of combination would be that inherent in itself, and not dependent on inadequate representation. To the inherent limitations of the power of combination, we may refer on another occasion.

FOURTEEN medical members of the Advisory Committee, who had been appointed by the Commissioners, issued on Thursday the following statement: "We, the undersigned members of the Advisory Committee appointed under the National Insurance Act, have carefully considered our position, and, with a full sense of our responsibility, are of opinion that for the present it is our duty to remain members of the Committee. (Signed) Christopher Addison, Clifford Allbutt, Clement Belcher, C. J. Bond, John Collie, Adam Hamilton, M. St. L. Harford, Herbert Jones, Arthur Latham, Shirley Murphy, H. H. Mills, George Reid, John Robertson, G. Sims Woodhead." We congratulate these medical men on having come to a statesmanlike decision under circumstances of exceptional difficulty. We are not in the least anxious to read into the manifesto more than it actually contains, or to jump to the conclusion that it means a division of medical opinion upon the controversial points, for no one will doubt that these members of the Advisory Committee are fully as anxious to safeguard the interests of the profession as their colleagues who have resigned. But it does mean that the puerile policy of sulking displayed by the British Medical Association is repudiated by some of the most eminent members of the profession, and that the utterances of that body are not to be taken as the final words in this extraordinary conflict. In adopting this course the medical men have displayed courage and breadth of judgment.

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WHEN considering the amount of remuneration under the Insurance Act, practitioners should not lose sight of the fact that the capitation fee for medical attendance and treatment is by no means the only source from which they will be paid. Cases recommended for sanatorium benefit may, where appropriate, remain under the care of their ordinary medical attendant, who will receive an extra fee for his services; maternity cases will, as heretofore, be a matter of private arrangement between doctor and patient, but with the difference that the patient will now, if an insured woman, receive £3, and if uninsured, 30s., from which to pay the doctor's bill; the Chancellor has recently indicated that night visits will be put in a different category; and at the meeting of the British Medical Association on June 1st, 1911, he stated that deposit contributors would be paid for at a higher rate. Presumably, to these extras may be added operations, and, in country districts, mileage. In addition, practitioners must include the saving on drugs

and dispensers' salaries, upon book-keeping, which, in a large practice, is often a heavy item, and the improved position of an insured person to pay medical fees for dependents.

* * *

It is still noticeable that some practitioners, particularly in country districts, have failed to grasp the principles upon which remuneration for medical attendance is to be given. They identify patients—*i.e.*, persons who actually receive medical attendance—with insured persons, and do not realise that a certain sum per person may be much more remunerative than a higher sum per patient. But those who have followed closely the arguments brought forward by the British Medical Association have become aware that a distinctly different line of argument has been taken during the last few months. It is no longer urged that practitioners are going to be ruined and that practices are unsaleable; the argument now employed, judging from the rather obscure statement in the "Supplement" to the "The British Medical Journal" of July 6th, is that the whole of a doctor's working-class practice should be taken into consideration, and that the capitation fee should be such as to secure him an equitable income if fully occupied. We should be glad if some of our readers would develop these views before we consider them further.

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Much of the opposition to the Insurance Act has been based upon the belief that a number of persons belonging to the lower middle class, and in receipt of comparatively large incomes, will become insured persons. But the fact is usually overlooked that abuse of the club system is at present a very frequent ground of complaint in the medical profession, and the Insurance Act, so far from creating this evil, may actually mitigate it. In the Contract Practice Report of the British Medical Association occur the words: "It may be said without hesitation that this grievance is more prominent, and, in one form or another, more often referred to than any other of which information has been obtained." Instances are given of farmers, publicans, surveyors, shopkeepers, schoolmasters, and others, who are members of clubs, though well able to pay fees for private medical attendance. Under the Act many of these persons will be ineligible for insurance, and medical men will be in a position to decline to treat them as contract patients.

THE BENEFITS OF CONTRACT PRACTICE.

To the Editor of THE NATION.

Sir,—In opening your columns to a discussion of the medical questions arising out of the Insurance Act, your object doubtless is to secure the freest ventilation of the whole subject. This being so, you may perhaps find space for the expression of the views of a general practitioner, whose work lies largely amongst the insured class. No one can welcome the advent of the practical application of that principle on a large scale more heartily than I do. I feel keenly the truth of the suggestion, made by one of your correspondents, that under present conditions we medical practitioners who work among the comparatively poor find ourselves in a false position. Our watchword should be "prevention," and yet prevention is clean against our interest. Nor are the practical difficulties of our position less galling than this contradiction. We must exhort our patients to use every means—rest, fresh air, proper feeding, and the rest—to ensure their complete return to health, and at the same time drain their pockets of the necessary cash. The inability of these people to pay for adequate medical attendance is a constant and depressing stumbling-block in the way of efficient medical work. The practitioner may do his best, but he never sees his patients except when they are ill, and even then, unless the case be one of great gravity, he must see them as infrequently as possible. As soon as the patient is reasonably convalescent, visits and consultations must cease forthwith. The patient cannot afford them. It is obvious that under these conditions anything like preventive medicine on a sufficient scale is quite out of the question.

Now contract practice would solve these difficulties. It would unify the interests of the profession and the people, and it would remove the disheartening pecuniary barrier which now exists between doctor and patient. Why, then, am I and others who strongly hold these opinions ranged in opposition to the proposals of the Government?

The reason is simple. It is because we, who know what medical practice is, and what it demands of us, are well aware that the success of the contract system depends principally upon two factors: free choice of doctor by the insured, and an adequate insurance premium to the medical man. Free choice of doctor by the insured is vital to the system, but it is already to a large extent secured under the Act, and its importance should hardly need to be pointed out to anyone with a little knowledge of human nature, so perhaps I may leave it aside. But what about adequate remuneration? Instead of the 4s., inclusive of medicine, paid us in the past by the friendly societies, the Government offers us 4s. 6d., exclusive of the cost of drugs. Out of the remaining 1s. 6d. of the 6s. per head allotted for medical benefit, not we, be it noted, but the chemists and others are to make a living.

Now of one thing our experience in the past has assured us, namely, that the medical attendance obtainable at present by the class it is proposed to insure is quite inadequate. It is not merely that when they call in the doctor he has to consider their purses, and visit as seldom as possible; it is that they often do not call in the doctor at all when they ought to do so. The case of measles in children is an excellent example in point. This fact is a commonplace of practice amongst the comparatively poor, and is well-known to the general practitioner, as well as—fortunately, I hope, for him—to those who are insured. This fact is also substantiated by Sir William Plender's report. That report shows that, in the five towns examined, the medical profession did work in the way of ordinary attendance—that is, visits at patients' homes and attendance in doctors' surgeries—which averaged only 1.8 attendances per annum per head of the population, excluding persons attending under contract and at charitable institutions. For these services, together with the provision of medicine, except in the case of Dundee, the profession received a gross sum equivalent to 4s. 2d. per head of the population, excluding contract patients as before. Now the lowest friendly society estimate of attendances under contract is four attendances per head. That is to say that under contract, when the patient is able to get as much attendance as he requires, the amount of work required of the profession is more than doubled. Nor is this all. The friendly society estimate is based upon picked lives, while we are asked to insure, and are not undesirous of insuring, bad lives as well as good. Further, this friendly society estimate does not include attendance upon patients who were not incapacitated for work, whose illness therefore was not registered on the books of their societies. Finally, it is scarcely necessary to add that our experience of contract practice under these societies at 4s. per head has been so hopelessly unsatisfactory, that the profession is grasping eagerly at the present opportunity of cutting its connection with them, while the dissatisfaction of the societies found a vent at the commencement of this struggle in the expression of views about the character of the medical profession, which, certainly, are uncommon among our ordinary private patients.

Adequate medical attendance for people who cannot at present afford it is one of the principal benefits proposed to be conferred by the Act; but if we are to do this huge amount of extra work, it is only fair that we should be paid for it. Otherwise we either cannot earn our livings, or cannot do the work as it should be done. Mr. Lloyd George assumed in one of his recent communications to our Association that the average income of a practitioner under the Act could be arrived at simply by dividing the gross sum derived from the insured by the number of practitioners at present likely to engage in the work. The fallacy is obvious. Should the Act be brought into efficient operation, it will be found—as our experience tells us and as Sir William Plender's report shows—that working-class districts are medically understaffed. It is useless to tell us—as we have been told—that separate arrangements are being made, and that separate payments will be made in respect of attendance upon persons suffering from consumption, and that

these form a large class additional to patients under ordinary contract. The truth is that the consumptive workman or consumptive clerk has never been a private patient of ours—in respect of his consumption—in any genuine sense. How could he possibly afford it? The subjects of chronic disease amongst the poor have, for the most part, been treated at hospitals, treated privately on a charitable basis, or hardly treated at all. This also is a commonplace of our experience. Under the Act they will mean so much extra work, and, quite rightly, they will be paid for, though I myself would personally have preferred to see them included under the capitation fee.

Free contract between the patient and his medical attendant, an adequate insurance premium, and reasonable guarantees against abuse of the doctor's time and energies: these are the vital elements in the scheme. Compared with these the income limit is a side issue. Mr. Lloyd George promises us the last; the first we may hope eventually to secure fully, when its advantages are realised; but the second, we believe, has not been given us. For want of it, contract practice will fail in the future as it has failed in the past. It is a simple question of how many insured persons a doctor will have to undertake, how many attendances he will have to pay in the year in order to make a decent living for himself and his family. I and others who believe in the future of contract practice hope fervently that the medical profession will never lend itself to the establishment of such practice on a basis of remuneration which must substitute for what ought to be a genuine medical insurance a system of makeshift drugging, which will amount, in reality, though not in intention, to a fraud upon the insured.

Something has been made of the Government's clemency towards the general practitioner in instituting free contract as opposed to a salaried service. It has been called a compromise; but it is not a compromise; it is in conformity with the democratic principle. A salaried service must either be controlled by the Insurance Committees, representative of the insured persons, or by the State. In the first case, we should have a pseudo-democratic system resembling that of the old friendly societies, and subject to the same abuses—a system which the medical profession would not permanently endure, if, indeed, it could be started. In the second case, we should have a sort of medical aristocracy, the widespread unpopularity of which, in spite of its attractiveness in the abstract, would surprise its promoters.—Yours, &c.,

ANOTHER GENERAL PRACTITIONER.

August 12th, 1912.

DOCTORS AND THE PLENDER REPORT.

To the Editor of THE NATION.

SIR,—The absurdities in Dr. Macdonald's letter will be patent to most of your medical readers, and those who look back to THE NATION of July 20th will probably agree that he has disregarded the ethics of controversy. He bases his argument that a practitioner who has, on an average, to make eight visits a day and see twenty-three patients in his surgery is a "very busy man indeed," and that during the winter the work would be "terribly hard" and "killing," upon a sentence which he has placed in inverted commas. But this sentence is not a quotation from THE NATION of July 20th, nor is it an accurate condensation of the paragraph it purports to quote; for two important factors which were utilised in arriving at the estimate have been entirely omitted. Nowhere in his letter does Dr. Macdonald indicate that the average had been based upon only 310 working days in the year, or that periods so long as half an hour for a visit and ten minutes for a consultation had been allowed; yet it can be shown that these considerations take all the force out of his argument. Under such circumstances, his charge against the editor of deliberately throwing dust in the eyes of his readers comes much amiss.

In order to determine whether an average fee is equitable or not, it is clearly necessary to reduce the work to an average of some kind, either of time, or attendances, or both. But no reasonable person would imagine that the work was actually going to be at a regular rate throughout the year. There is probably no profession or calling in which it is not necessary to work at times very hard, with a correspondingly slack interval at other times, and no system has ever been devised—or ever will be devised—which would ensure regular work in a profession like medicine. Nor does, as a matter of fact, a doctor's work cease on Sundays; but, probably, few doctors would object to putting in a full day's work on most Sundays if, in the slack time, they were in a position to take fifty-two days on end for a holiday. An allowance of one day in seven permits of considerable extra work in winter.

Now, take the times allowed for the attendances. Most doctors will admit that they were exceedingly generous. Few busy practitioners starting on a three hours' round would be satisfied with getting in only six visits in that time. Under existing conditions a doctor with a large practice in a crowded quarter, who may have several patients in one street, or even in one house, often sees two or three times that number of cases. So with consultations. At present, some doctors will see twenty or more patients at the surgery in an hour. A large proportion of these are old chronic cases, which require little or no examination, but merely "*Rep. mist.*," and others are club patients requiring continuation certificates signed. Ten minutes may seem short to a layman, and would be short for a new case; but few doctors will deny that it is ample time, *on the average*, for thoroughly good work. The allowances made by the editor again easily permit of closing up on a busy day.

Dr. Macdonald states that many doctors in very poor-class neighborhoods are earning £1,000 a year. This is true; but they are not giving the times to their patients indicated above. Here, for instance, are the actual figures for a very poor-class practice in the East-end of London: Total attendances, 36,000 (*i.e.*, nearly 100 a day); midwiferies, 500; fees, per visit, 1s. to 2s. 6d. (2s. 6d. exceptional); consultations, 6d. to 1s.; annual income (excluding midwifery fees), £1,500; one part-time assistant and dispenser, but the doctor often sees over 100 patients a day. On the assumption of four attendances per person, this doctor has at least a *clientèle* of 9,000 persons, though, as they are nearly all private patients, the number is probably greater; and if he received a capitation fee of 6s. per person, his annual income would be £2,700. These figures are quoted merely to show what occurs at present, and not for a moment to suggest that attendances upon insured persons should be at this rate.

It would take too much space to reply to all the errors in Dr. Macdonald's letter; but one may call attention to the absurdity of his statement that an average of thirty-one attendances means ten or twelve in summer, and sixty or seventy in winter. If Dr. Macdonald will search the medical journals for the last eighteen months, and the Contract Practice Report, he will find exact figures from which a comparison of the work in winter and summer can be made. I will refer him to one very full statement from two practitioners in the "British Medical Journal" of May 27th, 1911. The attendances in four weeks in July, October, February, and April were 314, 391, 546, 437, the average being 422. It will be seen that the range here is roughly 25 per cent. each way. With the same variation the 31 attendances would be, say, 23 in the summer and 39 in the winter, still assuming no work on Sundays.

In my opinion, sir, an average of twenty minutes for a visit allows of quite adequate attention. With this estimate, a practitioner who was attending only insured persons would have to give:—

3	hours visiting =	9 visits.
4½	,, surgery =	27 consultations.
7½	,,	36 attendances daily

ranging from 27 in summer to 45 in winter. If eight hours be taken as the limit of work desirable, this allows an average of half-an-hour a day for maternity and other extra services. If he worked 311 days in the year, he could be responsible for the care of 2,799—say 2,800 persons.

At a capitation fee of 6s., the practitioner would receive for this work £840 per annum, to which must be added an unknown sum for maternity cases.

Loose statements such as those of Dr. Macdonald are responsible for much of this foolish agitation, and those who make them are doing very doubtful service, either to the community or to the profession.—Yours, &c.,

L. J. C.

London, S.W., August 14th, 1912.

CAN THE NATION AFFORD IT?

To the Editor of THE NATION.

SIR,—Nowhere have I seen any lay (non-medical) comment upon Mr. Lloyd George's assumption that he could not expect to receive any public support for a proposition to add £3,000,000 or £4,000,000 annually to the Exchequer contribution towards the Insurance Fund, in order to help meet the cost of Medical Benefit. Most doctors I discuss the question with seem to assume that the Chancellor's assumption is right, and thus either accept the position that the profession's demand is excessive, or that the public is not prepared to pay a fair day's pay for a fair day's work.

I wonder whether you could encourage any of your non-medical correspondents to give, in your columns, their candid views on this point. Perhaps I am biassed by my professional leanings, although my class of practice precludes me from taking any part in earning any of this money. But it does seem to me, when one thinks of the large sums expended on other national projects, that £4,000,000 per annum would not be an unreasonable payment to make to secure a willing and efficient medical service for 15,000,000 persons.

Put in another way, the figures work out like this. In the past, the doctors have been in the habit of accepting from their poorer patients the sum of 1d. per week, in order to insure themselves against the costs of ordinary medical attendance. The doctors have thought that, in doing so, they have been exercising the pleasant virtue of charity without making any fuss about it. Now that the State comes in and compels the employers to help these poor persons to insure themselves, and offers to make an Exchequer contribution thereto into the bargain, the doctors feel that their charity is no longer needed, and suggest that the employer and the State between them should increase the 1d. a week to 2d. The Chancellor says, "I didn't bargain for your wanting a whole penny a week extra, and as I am sure I have asked the employer to pay as much as he can afford, and I should therefore have to get any extra out of the public, it's quite impossible—because the public won't stand it." If Mr. Lloyd George is right, it looks as if the insured person would have to pay the extra out of his own pocket, unless, indeed, the Chancellor of the Exchequer can be assured by the public that, contrary to his expectation, they will stand it. Do you think they will, sir? Do your non-medical readers who are not politicians think they will? If you and they think, which I can hardly believe, that an extra penny a week is a preposterously large sum to pay, can we be given any idea what would be regarded as reasonable?

I believe if the Chancellor of the Exchequer would announce that he was prepared to advise Parliament so to modify the Act as to raise the Exchequer grant to the Insurance Fund from 2d. to 3d. per insured person, thereby making it equal to the employers' contribution, and, at the same time, secure that this additional sum was to be earmarked for Medical Benefit, that there would be an excellent prospect of suitable terms being arranged with the profession. But the Government, and Members of Parliament generally, require some indication that the electorate would approve of this step. Can you provide this indication?—Yours, &c.,

M.D., F.R.C.P.

August 14th, 1912.

REMUNERATION AND THE INCOME LIMIT.

To the Editor of THE NATION.

SIR,—You have conferred a great boon on the medical profession by opening up your columns for the discussion of the Insurance Act, and we can best show our appreciation of this by making our communications as brief as possible.

I speak after a quarter of a century's experience in a Lancashire manufacturing town, and with some personal experience of the working of a cotton mill.

Much has been said, and mostly by medical men, of the six cardinal points around which our principles and our honor hang. Of these let me mention only two.

First—*The Wage Limit.*

Mr. Lloyd George has put this limit at £160—viz., the sum which determines the payment of income-tax, a very clever, shrewd, and yet business-like arrangement, because, if a man pays income-tax, he is not insurable; and, on the other hand, when a person becomes insured he is, *ipso facto*, not subject to the payment of this tax. There is thus no difficulty—not even ambiguity—as to who becomes insurable.

Suppose the limit were reduced to £2 per week, a sum, in my opinion, quite high enough; but I recognise the difficulties which this would introduce into our large business concerns. A weaver would be insured, and yet the overlooker would not. In many shops, such as machine shops, some men would be eligible, whilst others on the same bench would not. The clerical work would be increased enormously. Many men would have weeks and weeks in which their wages would be below this sum, and yet probably on the average would be above.

I am afraid the Chancellor has, in his estimation of our earnings, taken advantage of our many deeds of generosity, when we have depleted our receipts by foregoing payment of large accounts, because the people pleaded great stress of circumstances, and I certainly think he has not acted generously in regard to the second point—viz., *the remuneration.* But I think he has been misled by the Friendly Societies in the first place; and, in the second, by Sir William Plender's report. This latter was not intended to mislead. The books were audited thoroughly—at least, as much as medical books can be—only they were viewed from the accountant's standpoint, and that only. The method adopted was that of totalling the whole of the bookings of the doctors in each town, and then of the towns themselves, and dividing this by the estimated population of the towns, the result being the estimated amount collected, or what should be collected, per head per annum. And upon this basis the sum to be paid to us for our work has been reckoned. There are many objections to this. The towns were not identical in any one point. Some men with large poor-class practices would have all work and no pay, others all pay and no work. Then, as the whole population will not be insured, why use them as a divisor? You cannot use the same method unless all conditions agree. I calculate in this town 64 per cent. will be living at the insurable ages—viz., 16 years to 65 years; 5 per cent., say, will be in receipt of £160 and upwards; then an unknown number will be uninsurable, as housewives, etc.; so that the number to be insured is reduced to between 50 per cent. and 60 per cent. How then, can you apply the same method of dividing the whole population into the bookings to ascertain the amount which should be paid for attending, say, 57 per cent. of the said population? I cannot suggest a better one, nor an alternative, except that, if the Post Office can afford to pay 8s. 6d. per head, and the Police Force 9s. 7d. per head, we ought to have the same amount; at least, meet us half-way, say, 7s. 6d. per head net.

Now for the other side. Are we reasonable or business-like in stopping negotiations before we even know what Mr. Lloyd George has to offer? To my mind it savors too much of the nursery or playground if-we-cannot-have-everything-we-will-not-play sort of thing, and the less said the better, except that at our branch meetings only a certain lot turn up, and these generally of one mind, not representative of the feelings of the members generally. Call them what you will, the fault is ours for not going and leavening the mass.

If medical men will only study "the signs of the times" and read "the writing on the wall," they will think as I do—viz., that the Act will be the greatest blessing to us as it is the greatest revolutionary change in our work. Suppose this does increase, the income will be certain, and that is not known to us under present conditions.

The cash value of a practice will not be lost, nor even diminished. At the moment this is so, I admit, because men are uncertain of the issue; but when everything has settled down and we are working under the Act, this value will become normal, because a young man buying a practice will buy a list of patients bound to him for the year, and something more tangible than so many introductions; also, the introductions will be additional to the list.—Yours, &c.,

LANCASHIRE PRACTITIONER.

August 13th, 1912.

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